

N. B.—In case of more than one child, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.
 WITH UNFADING INK
 SEPARATE RECORD

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 133
 County Registrar No. 803
 Local Registrar No. _____

2. Full name of child Manuel Padilla
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. }
 4. Twin, triplet or other. _____ }
 5. No., in order of birth _____ }
 6. Legitimate? yes }
 7. Date of birth Oct. 13-24
 Month day year

8. FATHER Full name <u>Urbano Padilla</u>		14. MOTHER Full maiden name <u>Ramona Flores</u>	
9. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Laborer.</u>		19. Occupation Nature of industry <u>Housewife.</u>	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. on the date above stated.
 (Born alive ~~or stillborn~~.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature C. W. Adams
 Address Globe, Ariz. (Physician or midwife)
 Given name added from a supplemental report _____
 Month, day, year. _____

Registrar. _____
 Filed 11-5-24 _____
 County Registrar. _____

471-1013-962